

**ACADEMY OF CLASSICAL BALLET, LLC
TRIAL CLASS & GUEST INFORMATION**

Student Name: _____ Date: _____

Age: _____ Date of Birth: _____ School/Grade: _____

Name of Parent/Guardian: _____

Home phone: _____ Other phone/s: _____

Email address/es: _____

Mailing Address: _____

Emergency contact (other than above): _____

Class/es participating in today: _____

Which classes/level would you like to be considered for placement? (note: some classes require an audition with the Artistic Director): _____

How did you hear about us?

Advertisement (which one) _____ Friend referral (who?) _____

Website search (describe) _____ Other _____

Describe the features you find most important when choosing a dance studio: _____

May we contact you after class to discuss your trial class experience? Y/N If yes, would you prefer to be contacted by email or by phone? _____

Do you have any special requests, questions or unique circumstances that you would like to discuss with the ACB Principal prior to enrollment? Y/N If so, the ACB Principal will promptly contact you.

Would you like to be added to our email distribution list to receive updates on upcoming events, workshops, performances, and special offers? Y/N

(note: members are automatically added to our email distribution list; email addresses are used for official ACB business only)

INFORMED CONSENT/RELEASE:

I hereby give permission to the Academy of Classical Ballet, LLC to take photographs, videos and or film of my child or myself. I consent to the use of such materials for promotional purposes by the Academy of Classical Ballet or Ballet Forme'.

I recognize the risks of accident or injuries associated with the program of dance and acknowledge that I am participating upon the express understanding that I am willing and able to accept full responsibility for my own and/or my child's safety and welfare. I hereby release the Academy of Classical Ballet, LLC and agree to hold the Academy harmless from and against any and all claims and liabilities whatsoever which I may have, arising out of the participation with the Academy, except for those relating from gross negligence or willful misconduct of the Academy of Classical Ballet, LLC. I hereby execute and deliver this release inducing the Academy of Classical Ballet, LLC to permit me or my child to participate in its programs.

Parent Signature (if student is under 18): _____ Date: _____